

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City City Hospital

FEB 8 1937

Registration District No.....

Primary Registration District No.....

791

1003

File No.....

3859

Registered No.....

898

St.....

Ward.....

2. FULL NAME

Patrick O'Brien

(a) Residence, No.....

1111 N. 7th Street, St.

Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Unknown

7. AGE

about 73

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

nihl

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

MOTHER FATHER

13. NAME

unknown

14. BIRTHPLACE (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

17. INFORMANT

Father Johnston

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Jan 22 1937

19. UNDERTAKER

(ADDRESS)

Benjamin J. Johnson
1124 N. 7th St.

20. FILED

Jan 21 1937

J. T. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1/18 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Arterio Sclerosis

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed)

(Address)

Joseph M. Quinn, M.D.
Regent

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

